



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 338-2377
1-800-253-9933

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

Dear Business Owner/Operator:

The County of San Diego regulates establishments which use hazardous materials, dispose of hazardous wastes, have underground storage tanks and/or generate medical waste. The primary purpose for these regulations is to protect the health and safety of San Diego County citizens and emergency response personnel.

Businesses in San Diego County must apply for a Unified Program Facility Permit if they generate hazardous waste or medical waste, handle hazardous materials or have underground storage tanks. Your business may be subject to various hazardous materials requirements.

Complete the attached "Business Activities" form and the "Unified Program Facility Permit Application" form to determine if your business is required to obtain a Permit.

If your business is required to obtain a Unified Program Facility Permit then complete the "Business Owner/Operator Identification" form.

If your business is NOT required to obtain a Unified Program Facility Permit then complete Section I. Identification of the "Business Owner/Operator Identification" form.

The San Diego County Code of Regulatory Ordinances requires all business owners/operators who receive this application/questionnaire to return it within 30 days to the Department of Environmental Health, Hazardous Materials Division.

If you have any questions, regarding the completion of this questionnaire please contact your area Environmental Health Specialist or the Hazardous Materials Duty Specialist at (619) 338-2231.

Thank you for assisting us in our efforts to improve the health and safety of San Diego County residents.



SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH - CUPA
HAZARDOUS MATERIALS DIVISION
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BUSINESS ACTIVITIES

Page ____ of ____

I. FACILITY IDENTIFICATION

FACILITY ID #	3	7		0	0	0						1		EPA ID # (Hazardous Waste Only)	2
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BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3

II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility... If Yes, please complete these pages of the UPCF.

A. HAZARDOUS MATERIALS

Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?

☐ YES ☐ NO 4

HAZARDOUS MATERIALS INVENTORY –
CHEMICAL DESCRIPTION (OES 2731)

B. UNDERGROUND STORAGE TANKS (USTs)

- Own or operate underground storage tanks?
- Intend to upgrade existing or install new USTs?

☐ YES ☐ NO 5
☐ YES ☐ NO 6

UST FACILITY (Formerly SWRCB Form A)
UST TANK (one page per tank) (Formerly Form B)
UST FACILITY
UST TANK (one per tank)
UST INSTALLATION - CERTIFICATE OF
COMPLIANCE (one page per tank) (Formerly Form C)
UST TANK (closure portion –one page per tank)

- Need to report closing a UST?

☐ YES ☐ NO 7

C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)

Own or operate ASTs above these thresholds:
—any tank capacity is greater than 660 gallons, or
—the total capacity for the facility is greater than 1,320 gallons?

☐ YES ☐ NO 8

NO FORM REQUIRED TO CUPAs

D. HAZARDOUS WASTE

- Generate hazardous waste?
- Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?
- Treat hazardous waste on site?
- Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?
- Consolidate hazardous waste generated at a remote site?
- Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?

☐ YES ☐ NO 9

☐ YES ☐ NO 10

☐ YES ☐ NO 11

☐ YES ☐ NO 12

☐ YES ☐ NO 13

☐ YES ☐ NO 14

EPA ID NUMBER – provide at the top of this page
RECYCLABLE MATERIALS REPORT (one per
recycler)
ONSITE HAZARDOUS WASTE TREATMENT
– FACILITY (Formerly DTSC Forms 1772)
ONSITE HAZARDOUS WASTE TREATMENT
– UNIT (one page per unit) (Formerly DTSC Forms 1772 A,
B, C, D and L)
CERTIFICATION OF FINANCIAL
ASSURANCE (Formerly DTSC Form 1232)
REMOTE WASTE / CONSOLIDATION SITE
ANNUAL NOTIFICATION (Formerly DTSC Form
1196)
HAZARDOUS WASTE TANK CLOSURE
CERTIFICATION (Formerly DTSC Form 1249)

E. LOCAL REQUIREMENTS

MEDICAL WASTE

- Generate <200 lbs/month of Medical/Biohazardous Waste?
- Generate ≥200 lbs/month of Medical/Biohazardous Waste?
- Generate ≥200 lbs/month of Medical/Biohazardous Waste and treat any amount of medical waste?
- Handle Toxic gases with threshold limit concentration (TLV) # 10 ppm in any quantity?

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

Business Activities

Submit the Business Activities page and the Business Owner/Operator Identification page (OES Form 2730), for all submissions. NOTE: The numbering of the instructions follows the data element numbers that are on this form. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary. Please number all pages of your submittal. This helps the San Diego County, Department of Environmental Health (DEH), Hazardous Materials Division (HMD) identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** - Enter the 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
2. **EPA ID NUMBER** - Enter your facility's 12-character U.S. EPA ID #. If you do not have a number, contact the Department of Toxic Substances Control (DTSC) at (800) - 61-TOXIC or (800) 618-6942, to obtain one.
3. **BUSINESS NAME** - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
4. **HAZARDOUS MATERIALS ONSITE** - Check the appropriate box to indicate whether you have a hazardous material onsite in the quantities listed in section A of this form. If "Yes", then you must then complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory - Chemical Description page (OES Form 2731), as well as a complete Hazardous Materials Business Plan (see HMD form DEH:HM952).
5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** - Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) Section 25316. If "YES," then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a monitoring program plan (See HMD handout DEH:HM9222).
6. **UPGRADE/INSTALL UST** - Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC Section 25316. If "YES," then you must complete the UST Installation - Certificate of Compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan and the DEH installation, upgrade permit applications. Contact the HMD at (800) 253-9933.
7. **UST CLOSURE** - Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank. Submit a DEH closure application.
8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST)** - Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC Section 25270.2 (g)).
9. **HAZARDOUS WASTE GENERATOR** - Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC §25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. **RECYCLE** - Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC Section 25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler. You do not need to report.
11. **ONSITE HAZARDOUS WASTE TREATMENT** - Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. Please contact the HMD to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification - Facility page and one set of Onsite Hazardous Waste Treatment Notification - Unit pages with waste and treatment process information for each unit.
12. **FINANCIAL ASSURANCE** - Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (per 22 CCR Section 67450.13 (b) and HSC Section 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. **REMOTE WASTE CONSOLIDATION SITE** - Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC Section 25110.10. If your facility consolidates hazardous waste generated at a remote site, then complete the Remote Waste Consolidation Site Annual Notification page.
14. **HAZARDOUS WASTE TANK CLOSURE** - Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 - Your knowledge of the tank and its contents
 - The mixture rule
 - Testing of the tank
 - The listed wastes in 40 CFR 261.31 or 40 CFR 261.32.
 - Inability to remove hazardous materials stored in the tank.
 If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
15. **LOCAL REQUIREMENTS** - If you generate Medical Waste you are required to obtain a Health Permit and submit a Biomedical Waste Management Plan. In addition to this, if you generate ≥200 lbs on medical waste per month and treat any amount of medical waste on site you may be required to apply for a medical waste treatment permit with the HMD. **TOXIC GASES:** If you handle toxic gases with threshold limit concentration (TLV) ≤10 ppm in any quantity, you are required to obtain a Health Permit and submit an HMD Hazardous Materials Business Plan.



UPF Permit#: _____

DATE INSPECTED: ____/____/____

UNIFIED PROGRAM FACILITY PERMIT APPLICATION

☐ This business or service is required to obtain a Unified Program Facility Permit from the San Diego County Department of Environmental Health. I answered "yes" to one or more of the questions on the "Business Activities" form.

Date assumed business ownership at this location: ____/____/____

☐ I have determined that this business or service does not require a Unified Program Facility Permit from the San Diego County Department of Environmental Health.

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true. I consent to all necessary inspections allowed by law and incidental to the issuance of required permit(s) and the operation of this business.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Type of Business: _____ Phone #: (_____) _____
Area Code

Please complete the business information on the following page and return this application to the San Diego County Department of Environmental Health at:

SAN DIEGO COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
P.O. BOX 129261
SAN DIEGO CA 92112-9261

If a San Diego County Unified Program Facility Permit is required for your business or service a representative of this Department will contact your business. Permit fees will be determined from the contact and a billing statement will be mailed.

NOTE: If you do not use hazardous materials, generate hazardous waste, or have underground storage tanks you are still required to return this form.

A representative of the San Diego County Department of Environmental Health may contact you to verify the information provided on this application.

Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials - Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete this page must be signed by the appropriate individual.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

ALWAYS SUBMIT A COPY OF THIS COMPLETED PAGE WITH SUBMITTAL OF ANY OTHER UNIFIED PROGRAM CONSOLIDATED FORM.

1. FACILITY ID NUMBER - Enter your 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
3. BUSINESS NAME - Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA" - Doing Business As.
 100. BEGINNING DATE - Enter the beginning year and date (YYYYMMDD) of the inventory report, recyclable materials report, or on-site tiered permitting report for PBR sites.
101. ENDING DATE - Enter the ending year and date (YYYYMMDD) of the reports identified in #100.
102. BUSINESS PHONE - Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS - Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility. If the mailing address is different, complete #113- #116.
104. CITY - Enter the city or unincorporated area in which business site is located.
105. ZIP CODE - Enter the zip code of business site. The extra 4-digit zip may also be added.
106. DUN & BRADSTREET - Enter the Dun & Bradstreet number for the facility. If you do not have one, leave this field blank.
107. SIC CODE - Enter the primary Standard Industrial Classification Code number for primary business activity. NOTE: If code is more than 4 digits, report only the first four.
108. COUNTY - Enter the county in which the business site is located.
109. BUSINESS OPERATOR NAME - Enter the name of the business operator which is the name used for mailing correspondence.
110. BUSINESS OPERATOR PHONE - Enter business operator phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME - Enter name of business owner, if different from business operator.
112. OWNER PHONE - Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS - Enter the owner's mailing address where business related correspondence should be sent, if different from business site address.
114. OWNER CITY - Enter the name of the city for the owner's mailing address.
115. OWNER STATE - Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE - Enter the zip code for the owner's address. The extra 4-digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME - Enter the name of the person, if different from the Business Owner or Operator, who will respond to enforcement activity.
118. CONTACT PHONE - Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted.
119. CONTACT MAILING ADDRESS - Enter the mailing address where all environmental contact correspondence should be sent.
120. CITY - Enter the name of the city for the environmental contact's mailing address.
121. STATE - Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE - Enter the zip code for the environmental contact's mailing address. The extra 4-digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME - Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE - Enter the title of the primary emergency contact.
125. BUSINESS PHONE - Enter the business number for the primary emergency contact, area code first, and any extensions.
126. 24-HOUR PHONE - Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
127. PAGER NUMBER - Enter the pager number for the primary emergency contact, if available.
128. SECONDARY EMERGENCY CONTACT NAME - Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE - Enter the title of the secondary emergency contact.
130. BUSINESS PHONE - Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. 24-HOUR PHONE - Enter a 24-hour phone number for the secondary emergency contact. The 24-hour phone number must be one that is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
132. PAGER NUMBER - Enter the pager number for the secondary emergency contact, if available.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION - This space may be used for CUPAs or AAs to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
134. DATE - Enter the date that the document was signed. (YYYYMMDD)
135. NAME OF DOCUMENT PREPARER - Enter the full name of the person who prepared the inventory submittal information.
136. NAME OF SIGNER - Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.

SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE - The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the Signer's belief that the submitted information is true, accurate and complete.
137. TITLE OF SIGNER - Enter the title of the person signing the page.